DIVISION OF PUBLIC HEALTH SERVICES Rt. 12 COUNTY COMPLEX, BLDG. # 1, 2<sup>nd</sup> Floor P.O. BOX 2900 FLEMINGTON, NJ 08822

908-788-1351 Fax: 908-782-7510

Revised March 2014

www.co.hunterdon.nj.us/health.htm

RECEIPT #_	

#### **HUNTERDON COUNTY HEALTH DEPARTMENT** CONSTRUCTION PERMIT REFERRAL FORM

	MUNICIPALITY:	BLOCK:	LOT:		
	OWNER'S NAME:				
	PROJECT LOCATION:				
	MAILING ADDRESS:				
	PHONE NUMBER: E	лаіL:			
	CONTRACTOR NAME:				
MAILING ADDRESS:  All proposed work must be shown on a copy of the septic design, if available, with distances from the well, septic tank and disposal field to the proposed construction. If septic design is not available, copy of survey with all the above shown may be acceptable. See #4 below  When completed:					
A CON	NSTRUCTION REFERRAL IS ONLY REQUIRED I	FOR THE FOLLOWING	- │		
	Residential - Bedroom Addition - see # 2, 4 & Complete Form A  Residential Building with no intent to add bedroom -see # 2, 4, Complete Form A  Addition Remodeling Accessory Building-with plumbing  Commercial (other than retail food) - see # 2, 4 & check box  New Construction Addition Remodeling				
	Retail Food Establishment - see # 3, 4 & check bo	x			
	□ New Construction □ Renovation □ Addi  Public Pool – see # 3 & 4 □ New Construction □ Alteration	Date	e stamp		
<del></del>	Pet Shop/Kennel - see # 3, 4  □ New Construction □ Alteration				
	Body Art Facility - see # 3, 4  ☐ New Construction ☐ Alteration		,		
	Demolition - see # 4 & Complete Form B				
<del></del>	Outdoor Wood Boiler - Complete Form C Treatment for a PNCW - see Website for detailed A	nnlication			
If there is public water or sewer connection to the structure, please <u>mark box</u> and show location(s)      Drawings of <u>existing and proposed floor plans</u> , with all rooms labeled, must be attached to this form.      Architectural drawings with equipment specs (see our website for specific codes requirements)      On Survey or septic design locate distances per instructions (above under address line)  The owner and/or applicant is responsible for obtaining all other required Federal, State or Municipal approvals prior to the commencement of work.					
under thi flood pla improver	s approval, including but not limited to, NJDEP permits to conduct in jurisdictions. Failure to obtain these permits prior to conducti nents and or the assessment of significant civil penalties.	activities in freshwater wetland ng regulated activities within t	ds, freshwater wetland transition areas, or hese areas may result in removal of the		
OWNER	//CONTRACTOR SIGNATURE:	DAT	E:		
	FOR HEALTH DI	VISION USE:			
Signatur		:			



# Hunterdon County Hunterdon County Department of Public Safety Division of Public Health Services



www.co:hunterdon.nj.us/health.htm

#### Form A

	Municipality:	Block:	Lot:	
	<u>N</u> L	JMBER OF BEDROOMS		
pedroc	oposed renovations to my home <u>will/will</u> ms in my home. My house currently has action, the house will have number	s number of bedrooms;		
	Date	Signature o	of Homeowner	
Code I	nterpretation			
rom a p system number	A "Standards for Individual Subsurface Sewagorivate residence shall be estimated based or was designed and approved based on the nur of bedrooms in an existing house, via renovat nber of bedrooms in a house will require a	n the number of potential bedroom ber of potential bedrooms const ions, requires a review of the exis	ms in the dwelling. The exist ructed in the house. An incre ting septic system capacity. I	sting septic ease in the Increasing
o serve	om" is defined in the code as "any room within a primarily as a bedroom or dormitory". The te on attic.			
	* The Hunterdon County Department of Hea	alth may need verification by Mun	icipal Tax Assessor.	
	USE OF AN EJECTOR PU	MP/GRINDER PUMP OR (	GARBAGE DISPOSAL	
	Proposed construction will not include the proposed construction will include the proposed construction will include the proposed construction will include the proposed tank and disposal field must be per NJAC 7:9A-8.2c and 10.2(a).	oumping of gray water only. <b>N</b> <b>k and disposal field are is in</b> oumping of black water or a ga	b black water (toilet) fixt creased in size (50% la arbage disposal. The exis	rger). sting
	Date	Signature o	f Homeowner	
			<del></del>	<del>_</del>

Physical Address: 314 State RT. 12, County Complex, Bldg. #1, 2<sup>nd</sup> Floor Mailing Address: P O Box 2900, Flemington, NJ 08822 Tel (908) 788-1351 Fax (908) 782-7510



### Department of Public Safety Division of Public Health Services



www.co.hunterdon.nj.us/health.htm

## Form B DEMOLITION APPLICATION

Municipality:	Block:	Lot:	
Type of Structure(s) to be demolished	ed:	-·	
Note: if the structure is to be rebuilt,	septic plans are required	by this office	
Planned start date of demolition:			
Name of solid waste hauler to be used disposed of at a NJDEP approved fa	ed: cility.		Note: All Solid Waste must be
Check list of items need: [] Submit completed Construction [] Submit plan showing all structure limited to septic tank(s), cesspo [] Septic Repair Application-see I [] Well abandonment Application-	res, well(s), on site septi ol(s) and disposal fields) oelow		
The following must be addressed	<b>:</b>		
Septic Disposal System [] To Remain [] Structures hooked to sewer [] To be abandoned—need approv *only if property is not going to be when a property will be hooked to  Potable Water Supply [] Well to remain. If all structures an irrigation/agricultural well.	served by public sewer. public sewer are obtaine are to be removed then v	d through the Municipa well must immediately b	al Construction Code offices
[] Property served by public water [] Well—to be abandoned by a NJ			ded. Driller
Underground Storage Tanks [] I plan to remove. [] None are located on the property	v. Structure(s) were heat	ed by:	
Asbestos  [ ] All asbestos will be removed from the structure. If asbestos is presucontractor.  [ ] I am a homeowner who will be [ ] I am certifying that no asbestos	ent the removal will be pr removing asbestos as a p	erformed by a licensed art of my own home re	asbestos
Owner/Contractor's Signatur	e:	Da	ite:
Physical A	ddress: 314 State RT. 12,	County Complex, Bldg.	#1, 2 <sup>nd</sup> Floor

Physical Address: 314 State RT. 12, County Complex, Bldg. #1, 2<sup>nd</sup> Floor Mailing Address: P O Box 2900, Flemington, NJ 08822 Tel (908) 788-1351 Fax (908) 782-7510



# Hunterdon County Department of Public Safety Division of Public Health Services



www.co.hunterdon.nj.us/health.htm

#### Form C

# Affidavit of Knowledge Regarding the installation and use of an outdoor wood boiler

	Municipality:	Block:	Lot:	-
Applic	cant Name:	***************************************		
Street	Address:			
Зу ту	signature on the bottom of this doc	ument I am acknowle	dging the following:	:
•	I am the owner of record for the abov	e property.		
•	I have been provided with a copy of the issued March 2008 in reference to "St	_	•	
•	I understand that, should complaints be State of New Jersey regarding the operformed by the appropriate agency.	eration of my Outdoor		
•	I understand that if my Outdoor Wood minutes in any thirty (30) minutes per monetary penalties.	<u> </u>	<del>-</del>	• •
•	I understand that I may not burn garba Boiler.	age, refuse, rubbish, or	trade wastes in my C	Outdoor Wood
•	I understand that the penalties are prosecond offense, \$1,500 for the third offenses			·
	Date	Signature	e of Homeowner	<b>-</b>
	Date	Signature of h	lunterdon County Repre	esentative

Physical Address: 314 State RT. 12, County Complex, Bldg. #1, 2<sup>nd</sup> Floor Mailing Address: P O Box 2900, Flemington, NJ 08822 Tel (908) 788-1351 Fax (908) 782-7510